



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DIVISION OF PROFESSIONAL REGULATION

TELEPHONE: (302) 744-4500
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APPLICATION FOR DEADLY WEAPONS DEALER LICENSE INSTRUCTION SHEET

When to File Application

A business that sells any of the following is required to obtain a Deadly Weapons Dealer license under [24 Del. C. §901](#):

- pistol or revolver
- stiletto
- steel or brass knuckles,
- other deadly weapon made especially for the defense of one's person.

No one, licensed or unlicensed, is permitted to sell or offer to sell a switchblade knife.

The following are not considered deadly weapons for purpose of this licensing requirement:

- toy pistols
- pocket knives
- knives used for sporting purposes and in the domestic household
- surgical instruments or tools of any kind.

Requirements for All Applications

- ☐ Submit a completed, signed and notarized [Application for Deadly Weapons Dealer License](#) form.
 - An **owner** of the business must complete the application form on behalf of the business.
 - If the business is a corporation, firm or association, any officer or director must complete the application form.
- ☐ Enclose the non-refundable [processing fee](#) by check or money order made payable to the "State of Delaware."
- ☐ If the business will deal in firearms, enclose a copy of the [Federal Firearms license](#) issued to the business.
- ☐ Enclose a copy of the Delaware [business license](#) issued to the business.
- ☐ Enclose a [Deadly Weapons Dealer License - Information About Ownership](#) form completed by **each** owner, officer and/or director of the business. This includes **you** as the owner or officer/director who is submitting this application form on behalf the business as well as **all other** owners, partners, and/or corporate or association officials.
- ☐ Enclose a photograph of **each** person who, as an owner, officer or director, is required to complete the [Deadly Weapons Dealer License - Information About Ownership](#) form.

Requirements After License Issuance

After the Deadly Weapons Dealer license has been issued, take the following actions:

- The required list of employees and the attachments are confidential but must be available at the primary place of business at any time during regular business hours for inspection by any police officer of the State of Delaware or any political subdivision of Delaware, within the officer's jurisdiction.
- Complete a criminal background check before hiring an employee and conduct yearly criminal history checks on each employee, which should be maintained with the employee's file.
- Keep a separate log for inspection on all deadly weapons (handguns).



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APPLICATION FOR DEADLY WEAPONS DEALER LICENSE

TYPE OF SALES

1. Check the types of deadly weapons this business will sell or offer for sale. If both apply, check both:
- ☐ **Firearms** – If you check this item, enclose a copy of the [Federal Firearms license](#) issued to the business.
- ☐ **Deadly Weapons Other Than Firearms** – If you check this item, list all non-firearms deadly weapons that will be offered for sale: _____
- _____
- _____

BUSINESS INFORMATION

2. Business Name: _____
3. Trading As (if different): _____
4. Check the box that describes the type of business (check only one):
- ☐ **Sole Proprietorship** – You are the only owner of this deadly weapons business.
- ☐ **Firm or Association** – This deadly weapons business is operated by a firm or association.
- ☐ **Corporation** – This deadly weapons business is incorporated.
5. Business Mailing Address: _____
- _____
- City State Zip
6. Business Location Address: _____
- Street Address (no PO Box!)
- _____
- City State Zip
7. Contact Person Name: _____
- Phone: _____ Email: _____ None ☐
8. Does this business location comply with local zoning laws? Yes ☐ No ☐
- Enclose a copy of the Delaware [business license](#) issued to the business.**

OWNERSHIP

9. Answer the following questions about the **principal office** of this business.

Address of Principal Office: _____

Are any branch offices of this business located in Delaware? Yes ☐ No ☐ If yes, list their addresses below:

9. List **all** owners, officers and/or directors of the business, **starting with yourself**:

FULL NAME	ADDRESS	POSITION

Enclose a [Deadly Weapons Dealer License - Information About Ownership](#) form completed by *each* person listed above. This includes *you*, as the owner or officer/director who is submitting this application form on behalf the business, as well as *all other* owners, partners, and/or corporate or association officials.

10. Does this business have any employees? Yes ☐ No ☐

When the application is complete, please allow two weeks to receive the license. A complete application is one that includes all required documentation and correct payment. Applications that are not complete within 12 months of filing may be considered abandoned and discarded.

AFFIDAVIT

I swear that I am an owner or a director/officer of this business, that I am the person who executed this application, that the statements herein contained are true in every respect, and that I have not suppressed or withheld information that might affect this application. I swear that I have read and that I will abide by all provisions of Title 24 of the *Delaware Code*, Chapter 9, related to Deadly Weapons Dealers. I further certify that I have read and understand this statement.

You must be an owner or a director/officer in order to file this application on behalf of the business.

Printed Name: _____ Title: _____

Signature of Owner: _____ Date: _____

City of _____ County of _____

Sworn to before me and subscribed in my presence this _____ day of _____, 2____.

Signature of Notary: _____

SEAL

My Commission Expires: _____

APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR NOT ACCOMPANIED BY THE REQUIRED FEE WILL BE REJECTED.



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DEADLY WEAPONS DEALER LICENSE – INFORMATION ABOUT OWNERSHIP

INSTRUCTIONS

Each owner, officer and/or director of a Deadly Weapon business must complete and submit this form. This includes the owner or officer/director who submits the application form on behalf the business as well as *all other* owners, partners, and/or corporate or association officials. The form must be notarized.

IDENTIFYING AND CONTACT INFORMATION

1. Name of Business (as it appears on the *Application for Deadly Weapons Dealer License*):

2. Your position in the business named above (check one):
☐ Sole Proprietor ☐ Partner ☐ Corporate Officer ☐ Other (explain): _____
3. Your Full Name: _____
4. Have you been issued a U.S. Social Security Number? Yes ☐ No ☐ If yes, enter your SSN: _____
If no, you must file a [Request for Exemption from Social Security Number Requirement](#).
5. Enter the following information about yourself:
Date of Birth (month/day/year): _____ Gender: Male ☐ Female ☐
Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____
Birthplace: _____ Citizenship: _____
Enclose a photograph of yourself.
6. Your *Mailing* Address: _____

City State Zip
7. Your *Residence* Address: _____

City State Zip
8. Phone: _____ Email: _____ None ☐
Home Work
9. Previous Occupations: _____

REQUIREMENTS REGARDING EMPLOYEES

10. Do you understand that deadly weapons dealers are required to keep and maintain a list of current employees including their names, former names used, dates of birth, physical descriptions and social security numbers and that the list and attachments, although confidential, must be open for inspection by any Delaware police officer within their

respective jurisdiction, at any time, at your primary place of business during regular business hours (24 Del. C. §904 (b))? Yes ☐ No ☐

11. Do you understand the following requirements regarding employees and do you agree to abide by each requirement?

- Deadly weapons dealers must never knowingly allow any employee who is a person prohibited from possessing a deadly weapon to sell deadly weapons. Yes ☐ No ☐
- Before hiring and once every calendar year thereafter, deadly weapons dealers are required to conduct a telephone criminal history check on each employee and maintain a record of these checks with the required employee list. Yes ☐ No ☐

DISCLOSURES

12. Have you – either as an individual or as a member of a firm, association, or corporation – ever previously engaged in the private business of selling deadly weapons? Yes ☐ No ☐ **If yes, give details:**

13. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or other criminal offense, including any offense for which you have received a pardon, in any jurisdiction? Yes ☐ No ☐ **If yes, submit a certified copy of a criminal history record from each jurisdiction where you have a record. For information on obtaining a Delaware criminal history record, click on [State Bureau Of Identification](#).**

14. Are any criminal charges pending against you? Yes ☐ No ☐ **If yes, enclose a complete explanation and any documentation related to the charges.**

15. Have you ever had a license to operate a deadly weapons dealer business suspended, revoked, or subject to other disciplinary action in any jurisdiction? Yes ☐ No ☐ **If yes, submit a letter explaining fully. Enclose copies of all relevant records.**

16. Are any unresolved complaints pending against you in any jurisdiction? Yes ☐ No ☐ **If yes, submit a letter explaining fully. Include copies of all appropriate records.**

17. Do you have any impairment related to drugs or alcohol that would limit your ability to act as a deadly weapons dealer in a manner consistent with the safety of the public? Yes ☐ No ☐ **If yes, submit a letter explaining fully.**

AFFIDAVIT

I swear that I am the person who executed this form, that the statements herein contained are true in every respect and that I have not suppressed or withheld information that might affect the application of for licensure of this business as a Deadly Weapon Dealer. I swear that I have read and that I will abide by all provisions of Title 24 of the *Delaware Code*, Chapter 9, related to Deadly Weapons Dealers. I further certify that I have read and understand this statement.

Signature of Owner: _____ Date: _____

City of _____ County of _____

Sworn to before me and subscribed in my presence this _____ day of _____, 2____.

Signature of Notary: _____

SEAL

My Commission Expires: _____

FORMS THAT ARE UNSIGNED, NOT NOTARIZED, OR INCOMPLETE WILL BE REJECTED.